

03500.015992.

PATENT APPLICATION



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Victor R. Kostak
HIDEAKI YUI ET AL.)	
	:	Group Art Unit: 2614
Application No.: 09/996,884)	
	:	
Filed: November 30, 2001)	
	:	
For: APPARATUS AND METHOD FOR)	
CONTROLLING DISPLAY OF IMAGE :		
INFORMATION INCLUDING)	
CHARACTER INFORMATION	:	October 8, 2004

RECEIVED
OCT 14 2004
Technology Center 2600

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated July 9, 2004, please amend the above-referenced application as follows. Changes to the Title are reflected in page 2. The claims changes are reflected in the listing beginning at page 3, and the Remarks begin at page 14.

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2614



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HIDEAKI YUI ET AL.

Application No.: 09/996,884

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Docket No. 03500.015992.

Examiner: Victor R. Kostak

Group Art Unit: 2614

Date: October 8, 2004

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

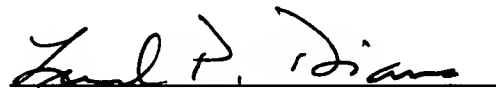
The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 41	MINUS	** 41	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$44 \$88	\$0
Fee for Multiple Dependent claims \$150°/\$300						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a ____-month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Leonard P. Diana
Attorney for Applicants
Registration No.: 29,296

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